

"This is the peer reviewed version of the following article: [Wilkins, D., Forrester, D., Grant, L., (2016)What happens in child and family social work supervision? Child and Family Social Work], which has been published in final form [DOI 10.1111/cfs.12314]. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Self-Archiving."

## What happens in child and family social work supervision?

### Abstract

Supervision is fundamental to the social work profession. However, increasing concern has been expressed over the managerial capture of local authority social work and the use of supervision as a way of enabling management oversight (or surveillance) of practice. Despite the importance of supervision, we have little evidence about what happens when managers and child and family social workers meet to discuss casework and less about how supervision influences practice. In this study, 34 supervision case discussions were recorded. Detailed descriptions are given of what happens in supervision. Overall, case discussions operated primarily as a mechanism for management oversight and provided limited opportunity for reflection, emotional support or critical thinking. With reference to organizational context, it is suggested that these deficits result from a system that focuses too much on 'what and when' things happen and not enough on 'how and why'.

Key words: Supervision, social work, children and families, child protection.

### Introduction

Munro (2010) described supervision as a *"core mechanism for helping social workers reflect on the understanding they are forming of the family...their emotional response and whether this is adversely affecting their reasoning, and for making decisions"* (p. 53, paragraph 4.10). The importance of supervision for social work practice is probably one of the most widely accepted tenets of the profession. Policy makers, managers, practitioners and academics agree that good supervision is essential for high quality social work practice (Bruce & Austin, 2001, Bashirinia, 2013, Goulder, 2013, Beddoe et al, 2015).

Over many decades, various models of supervision have been proposed (Bogo and McKnight, 2006). For example, Morrison's '4 x 4 x 4' model (2005), in which supervision is based upon the four functions of management, mediation, development and personal support, the four activities of experience, reflection, analysis and action planning and the needs of four stakeholders, the child, the worker, the organization and partners (notably, parents are not considered key stakeholders). Kadushin and Harkness (2002) have similarly argued that good supervision requires a combination of education, administration and

support.

Nevertheless, there is growing concern that social work supervision is not primarily focused on education or support but on managerial administration only (Johns, 2001, Jones, 2003, Noble & Irwin, 2009). Baginsky et al (2010) found that local authority managers consider supervision a mechanism for performance management and although this may result in regular supervision, it makes it less likely the focus will be on support and learning (Beddoe, 2010, p. 1280). Thus, *“we settle for ‘having supervision’ rather than having good supervision”* (Morrison and Wonnacott, 2010, un-paginated). Ruch (2012) argues that this leaves *“Front line managers...in the unenviable position of having to find a way of responding to the ostensibly rational demands of...their organization, whilst being directly exposed to the emotionally charged experiences [of] practitioners”* (p. 1317 – 1318). An overemphasis on performance management and the oversight - or even surveillance - of practice needs to be understood within the context of a growing defensiveness in practice (Whittaker and Havard, 2015), a focus on risk to the exclusion of other modes of thinking (Parton, 2014) and the political reality that child protection social work in particular has been through a continuing cycle of crisis and reform for several decades (Warner, 2015).

In addition, there is a lack of evidence linking supervision with outcomes, either for practice or for children and families. Despite extensive literature searches, neither Carpenter et al (2013) nor Manthorpe et al (2015) identified any studies that directly investigated the relationship between supervision and practice or supervision and outcomes in the UK. The evidence regarding supervision relates mainly to issues such as job satisfaction and derives largely from the USA (Lloyd et al, 2002).

More fundamentally, there is only a limited amount of research describing what currently happens in supervision. Almost all studies to date have relied upon retrospective self-reporting (Bates et al, 2010, Jack & Donnellan, 2010, O’Donoghue & Tsui, 2012, Berry-Lound & Rowe, 2013) and whilst such accounts are useful, Beddoe et al (2015) have called for *“a shift [away] from retrospective accounts [and towards] empirical examination”* (p. 5). There are, of course, exceptions to this approach. For example, Ruch (2007) undertook participant observations of supervision and noted how some discussions focused on what and when tasks should be completed, with others more focused on how and why tasks should be completed. Forrester et al (2013, p. 82) observed six sessions of supervision and noted that much of the time was spent discussing case activity. However, neither Forrester

et al nor Ruch set out to provide detailed descriptions of what happens across a number of different supervision sessions. To an extent, this mirrors our knowledge regarding social work practice where, until recently, we had almost no data on what social workers actually do when they meet parents and children (Ferguson, 2010, Forrester et al, 2008).

This paper attempts to address this gap by asking: “What happens in supervision case discussions between child and family social workers and their managers?”

### Research Approach

The methodological stance is one of theory-oriented evaluation (Weiss, 1998) starting with the provision of in-depth descriptions of practice, then developing theories of how different elements are linked and how they produce outcomes (White, 2009). This paper in particular aims to describe what happens in supervision, intending that this will inform further studies of how supervision shapes practice and outcomes and ultimately contribute to a theory of good social work supervision. The method is action research, with a focus not simply on describing what happens but working with one particular local authority, helping them think about what they currently do in supervision, whether they need to change their approach and, if so, how (and why).

The study was located in an inner London authority (rated as ‘good’ in their most recent inspection) engaged in a significant change programme, focused initially on the ‘Child in Need’ service responsible for completing assessments and working with children considered to be ‘in need’ or ‘at risk’ (Department for Education, 2014). The aims of this programme are to improve social work practice, to improve outcomes for children and families and, specifically, to incorporate practice-based feedback loops within the service. Social workers are given coaching based on observations of their practice, aimed at improving their communication skills, using Motivational Interviewing as a framework (Forrester et al, forthcoming). Initially, the coaching has been provided by members of the research team but with the aim of enabling the managers to provide it on an ongoing basis. To support this process, and as part of the action research method, a series of four workshops were undertaken with the managers, to explore how they currently support social workers through supervision and how they might move towards the provision of coaching alongside their current supervisory role.

### *Data Collection*

All first line managers within the service were asked to participate (n=12) and all but one did so. Between September and December 2015, 30 recordings of complete supervision sessions were obtained. In addition, one manager provided four recordings of individual case discussions (not whole sessions), giving a total of 34 recordings. From each complete recording, one case discussion was selected at random for further analysis (as long as the discussion was 10 minutes or longer). Each case discussion was transcribed and at least two researchers listened to each one and agreed on the analysis (see Table 1).

<b>n=30</b>	<b>Mean</b>	<b>Median</b>	<b>Minimum</b>	<b>Maximum</b>
<b>Families discussed per session</b>	2.83	3	1	8
<b>Total length of session</b>	1h13m	1h10m	31m	2h28m
<b>Length of individual case discussions</b>	20m	17m30s	4m	61m

*Table 1: Details of the 30 complete recordings.*

### *Ethical approval*

The Faculty of Health and Social Sciences' ethics committee from the lead author's university approved the study. It was agreed individual sessions would remain confidential unless there were serious concerns about malpractice. This did not occur. Where extracts are quoted, names and key details have been changed to protect the identities of families.

### *Workshop discussions*

In the first two workshops we discussed what the managers thought were key elements of good supervision. The managers said supervision should (1) focus on the child, (2) include reflection and analysis, (3) provide emotional support and (4) help workers think about their practice. The third and fourth workshops were used to review the findings in this paper, to explore alternative ways of providing supervision and the barriers and challenges in doing so.

## Findings

Most sessions begin with the manager asking about the social worker's wellbeing and completing various administrative tasks. Typically, the manager and worker then agree which families to discuss and it is these discussions we are describing.

There is a remarkable degree of consistency across the 34 discussions. Whilst no formal model of supervision is in evidence, there is a common structure (Figure 1). For most of the session the worker provides the manager with an update on case activity, often including a detailed account of the most recent home visit. The amount and detail of information presented led us to characterize this as a "verbal deluge", not least because it often felt over-whelming (for the researcher listening to it and we imagine for the manager). We present some relatively extended examples below in which the flavour, but not extent, of the "verbal deluge" can be seen. A key challenge for the manager seems to be "what should the social worker do?". This is resolved in the next two stages. The social worker or, more commonly, the manager identifies 'the problem'. Sometimes this seemed to be relatively straightforward as there was a clear presenting issue. However, often the process by which the problem was identified was not immediately apparent. Again, some examples can be seen below. It appears to rely on a well-developed sense of what supervision is for, primarily framed by the final stage of discussion: the manager providing a solution to the problem in the form of advice or direction. Overwhelmingly, solutions were framed organizationally; they tended to be things to be done, such as meetings or visits. A key function appeared to be this process of converting the complexity of family situations into institutionally accountable actions. Managers also spent a lot of time recording such actions, as well as key elements of the 'verbal deluge'. (At the suggestion of the managers these written recordings are the subject of a separate, forthcoming analysis)

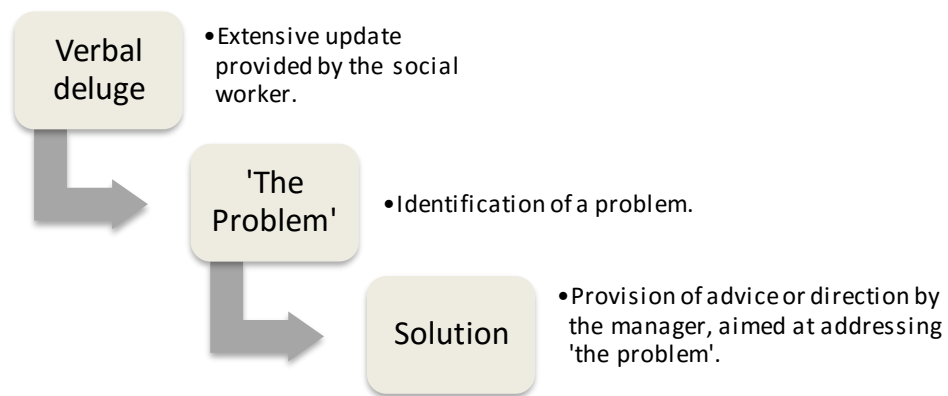


Figure 1. A structural outline of supervision case discussions.

This structure is apparent throughout the recordings. For example, in the following extract, the social worker provides an update on case activity by describing a recent home visit in which s/he discussed the family's plans for a forthcoming school holiday:

*Manager: So maternal grandmother, she's taking all of them?*

*Social worker: She said Beth at first, then the mother said why are you taking Beth and not the other children, so it wasn't very clear.*

*M: How's she going to afford that? Is it just for the day?*

*SW: Just for the day, I don't think they've really thought about it.*

*M: That's going to be expensive.*

*SW: It's quite far to go as well, it's like the doctor's surgery thing, she needs to register them. I was saying it's literally around the corner but they haven't.*

*M: So mum said she wants them to go to this theme park?*

*SW: I said what about getting him to go to the doctor's surgery, because you'll have to register him, it's just round the corner, she was like he goes to his friends.*

*M: This is not adding up, on the one hand she's saying she thinks she will struggle to get Daisy to nursery, then she wants the other kids to go to an adventure playground. What did she say to that? Did you pick that up with her?*

*SW: I didn't really understand...I didn't know what she was talking about.*

*M: ...So she wants Beth to go to the theme park during half term, Albert will stay at home, Daisy has a sleep over, ok anything else?*

*SW: The boys' bedroom is done, beds up, carpets down and clean but she mentioned the hall hasn't been painted.*

*M: Did she say they are actually sleeping in it?*

*SW: She said it's done.*

*M: The hallway still needs to be done.*

*SW: The hallway was pretty clean for me; I didn't see what it was like before.*

*M: Anything else?*

*SW: No.*

In this extract, no particular topic is discussed in-depth although the manager is clearly interested in what the social worker says. The manager provides an element of challenge, highlighting where the worker may have failed to sufficiently explore certain topics. The time spent on these updates inevitably limits the time available to discuss other things. For example, there is no discussion of how best to work with the family to address the problem areas.

In the next extract, the manager identifies 'the problem' and provides direction:

*M: How many times have you seen them?*

*SW: I've seen Tommy three times, four times.*

*M: You've seen Billy?*

*SW: But he isn't talking...On my second visit, I asked Nan to let Billy know I was coming, I was able to speak with him through a locked door.*

*M: So where is he? So you spoke through the kitchen door to the living room?*

*SW No, this was in the bathroom. He chose to have a bath and I asked about coming back at a better time and he said no.*

*M: So you haven't spoken to him about the state of his room?*

*SW: About anything.*

*M: So you didn't speak to him yesterday?*

*SW: No. Billy doesn't really speak to anyone.*

*M: What's key is having a CIN (child in need) meeting as soon as possible. Ok.*

Here, the manager identifies the problem: the worker's inability to speak with Billy. There is no discussion of why this might be the case and the manager quickly provides a solution.



In the following extract, all three steps are in evidence:

*SW: I said, are you worried about anything in terms of the children being in their dad's care...do you feel that they'd be safe, she did say she was concerned about the dad's shouting around the children...about dad's use of shish and also khat, so that's another thing, she also was concerned he has cut off contact [with] the children and...she felt makes them sad and they've got no money and he's cleared out her bank account.*

*M: How did he do that?*

*SW: When she went into hospital, she said he took the card.*

*M: Why would he take out all the money?*

*SW: ...we talked about that, the outcome was that the care coordinator was going to have a further discussion with her about whether she wants the police involved in an investigation of financial abuse...but, I mean, the dad's been calling me, constantly, to say I've got no money, I've got no money, I need money for the children and she's cut off the money and he's furious...obviously he needs money to pay for the children's things.*

*M: In the interim, we can give money, food vouchers...What does he need other than food vouchers?*

*SW: I need to meet up with both of them and...think about contact, these children have not had contact with their mum for two weeks...So much work to be done with this family. Getting to the bottom of it.*

*M: Ok. Father has said he has no money, it's hard to figure out how much there is. He gets JSA (Job Seeker's Allowance). 4 kids to feed. We'd have to look at what we do there, I think feeding a family of four, £60 is not too bad, it's quite low, £60 of food vouchers if you can get it.*

*SW: He's getting his JSA, so he can feed himself, as long as the kids have got something.*

*M: I expect they get free school meals but you need to check on that.*

*SW: Maybe a bit more to take account of nappies and things...they're quite expensive aren't they? I'm wondering if maybe £80?*

*M: Find out from him how much he feels he needs to buy food and nappies. That's the only action I've got. Did I say anything else?*

*SW: I've also got down that I should contact the ward to request the benefits advisor make*

*contact [with mum].*

*M: Ok. We have time for one more.*

In this extract, the worker shares the mother's concerns and the manager identifies 'the problem' as the father's lack of income and there follows a discussion about the level of financial support required. The other concerns are not discussed.

A particular feature of this approach is the short conceptual step between the identification of 'the problem' and the provision of a solution and the tendency for the advice to concern procedural actions, such as completing paperwork or arranging a meeting. In the extract above, this quick shift from problem to solution leaves little room to explore the concerns about financial abuse, substance misuse, the children being sad, contact between them and their mother and the father shouting around them.

*What does not happen in supervision case discussions?*

We noted two significant areas which are lacking in these same case discussions : risk and emotions.

*A lack of clarity about risk*

Risk is rarely discussed in-depth or linked specifically to the child. Case discussions often included references to risk but it was more common to find risks being 'named' than discussed in-depth. For example, whilst the social worker would say if they were worried about substance misuse, we found no discussions that explored how the child experienced this, whether the risk related to the parent's behaviour or directly to the substance or both, whether the risk resulted from the parent's use of the substance or from their procurement (e.g. because drug dealers visit the home), or both and so on.

This tendency to 'name' risk rather than explore it is evident in the following extract:

*SW: I'm worried about her mental health really... I'm worried about Kyle.*

*M: What he's being exposed to?*

*SW: At first it was housing but now it seems to be unraveling and obviously she has depression.*

*M: Have you had a face-to-face discussion about your concerns?*

*SW: I haven't had a direct conversation. I wanted to talk to you first because it's quite sensitive.*

*M: What have you thought about doing?*

*SW: Contacting the doctor, seeing what medication she's on.*

*M: Has she been to her doctor about it?*

*SW: She says she has.*

*M: So, I think it might be an idea, you might need to meet with her face-to-face. How would you feel about doing that? You can speak to the doctor but how would you feel if you did that without talking to her first?*

*SW: She said you can speak to my doctor. She feels if we were taking her depression seriously, we would get her a house.*

In this extract, the manager listens to the worker's concern, asks what she has considered doing, asks how the social worker might feel and offers advice (following the general structure of identifying the problem and providing a solution). However, it appears as if the labels of 'mental health' and 'depression' provide sufficient detail about the risk and the discussion moves onto actions.

### *The general absence of emotions*

Case discussions also tend not to include emotions, either of the worker or children and families. This is not to say managers were uncaring. In almost all recordings, managers 'check in' at the start, asking how the worker is, how they are coping with their work and so on. However, once the discussion focused on particular families, emotional references were largely absent although managers did sometimes ask how the social worker was feeling. Nevertheless, there was only limited consideration of why the social worker felt a particular way or how their feelings might be impacting on their behaviour and decision-making. The most common references were to frustration or other negative affect caused by perceived parental 'resistance':

*SW: Mum, she has been very, I would say reluctant, in her words, she hates social workers and always has.*

*M: Don't we all.*

*SW: Doesn't want anything to do with me, as far as she's concerned...the whole thing has had a big effect on Neil...she is unhappy with me and so Neil is unhappy with me.*

*M: And that's the goal, to get this relationship going with Neil....How does it feel, a little bit demoralizing, frustrating?*

*SW: I would say frustrating.*

*M ...we have to work it out, call a joint meeting so you can have a frank talk and discussion with mum.*

In this extract, the manager listens, uses humour to offer support and asks 'how does it feel?' but there is no discussion of why the mother might feel such antipathy, why the social worker is feeling frustrated, how this sense of frustration is influencing his behaviour or decision-making or how a 'frank talk' with the mother might help.

Another example can be seen in the following extract:

*SW: It was referred by the midwife because of concerns about possible substance misuse, cannabis. I met with mum and started to ask how things were going and she was saying this and that but when he, the dad, when he left, she opened up on me.*

*M: Like what? DV?*

*SW: Not really. When she was younger, she was trafficked here, and pimped and raped and she had another pregnancy, but it didn't make it, and the dad, the new partner, he knows nothing about this. So now, I'm like, what do I do, because I have all this information about mum that dad doesn't know but it will have to go into the assessment so he'll see it.*

*M: You'll have to write two different assessments. Did this happen here or in Ireland?*

*SW: In Ireland I think.*

*M: So, not in our jurisdiction. I'm wondering if mum had a visa when she came here, if she was trafficked?*

Again, the manager identifies a problem and provides a solution but does not ask about the emotional impact on the worker or how the mother might be feeling. As noted above, we did not find that managers were generally uncaring but nevertheless, it is striking that discussions of emotion are generally not integrated into case discussions.

Within the 34 discussions we analyzed, we found one example of a manager

integrating the emotional impact of the work into the family discussion:

*SW: I found it really difficult...so challenging. For part of the meeting, I couldn't talk or I would have started crying and after the meeting, I couldn't stop crying.*

*Manager: You had quite a strong reaction the first time you took her out...when she told you she was victimized in the family, that affected you emotionally. Is it something about this family or something about you?*

*SW: I don't know; other things are sad. A mother told me the day before that her daughter has cancer and that was sad. So, I don't know whether I was already feeling sad because of that...I could have been picking up on the sadness that she is unable to express other than through anger and I felt sad because a child had cut herself and she was sat crying, surrounded by her family, and no-one was giving her a hug, they were just having a go at her.*

*Manager: You're clearly very attuned to her feelings and she is expressing how she is being victimized and that will touch anyone...you really do attune yourself to how the child is feeling, more so than the treadmill cases.*

*SW: An ongoing shit home life or a single, tragic occurrence.*

*Manager: And how difficult it is to know how to support the child. We are not trained to be...counselors, we have certain skills and training...but we are the people who people assume can do it and it's hard.*

*SW: You feel responsible.*

*Manager: You can't make someone happy.*

*SW: But you can make them unhappier.*

*Manager: You've probably achieved more in that short time than anyone else has with that family and now it feels like a far more stable situation...your intervention has, in one way or another, led to that.*

Yet this is very much the exception. The general rule was for supervision to be practical and action-orientated. The incredibly difficult and complex nature of the work discussed often seemed to stand in stark contrast to the very pragmatic and un-emotional way it was discussed.

## *Summary*

In summary, we found a high degree of similarity across the sessions. Most start with a general 'check-in' and a consideration of work load and HR issues. The manager and worker then agree a list of families to discuss and each one is considered in turn. No formal model of supervision is used, although there is a clear structure – beginning with a 'verbal deluge' by the social worker, followed by the identification of 'the problem' and the provision of a solution by the manager. There are limited references to the emotional impact of the work, with the exception of frustration at perceived parental resistance, and limited discussions of risk.

## *Strengths and limitations*

The primary limitation of the study is that it was based in one team. It is possible that supervision takes different forms in other authorities and teams. Yet while this is possible – and there are examples of different approaches, such as that used in the Signs of Safety model (Bunn, 2013, p. 39 – 40) – there are no grounds for believing supervision is substantially different in most other local authority settings. The authority had been inspected as 'good' and many of the supervisors had worked in other places. None identified supervisory practice in this authority as being unusual. We feel on balance it is likely that it is fairly typical of supervision in Children's Services, although we will be carrying out similar studies in other authorities and look forward to testing this proposition.

It is important to acknowledge that supervision is a complex activity, and not limited to what happens in case discussions. There are important elements of the supervisory role that take place outside formal supervision meetings. One manager did not provide any recordings and some managers provided more than others. It is possible that some selective recording took place. The influence of being researched itself is, in this context, difficult to analyse. We did not feel there was much influence but it is not possible to be certain about this. Furthermore, it is reasonable to assume that if there is an impact it would be to make supervisors more likely to try to demonstrate what they feel to be "best practice". Given our findings, the impact of observation seems unlikely to have had a major influence on the way in which managers supervised.

The primary strength of the study is that we were able to listen and record directly supervision case discussions, instead of relying on self-report accounts. We also had the

opportunity to discuss the findings with the managers concerned.

### Discussion

At the heart of our findings is a conundrum – managers do not seem to be doing what they say they want to. Their priorities were that supervision should be child-focused, reflective, analytical, emotionally supportive and helpful in terms of practice. Our findings suggest the supervision they currently provide is none of these things.

Yet the consistency of our findings also suggest this kind of supervision is not the result of poor individual practice but is produced by a particular organizational context. Furthermore, in the workshops with the managers we were impressed by their insightful comments and evident skillful practice. This suggests these managers are capable of providing good supervision but the nature of the case discussions and the purposes they may fulfill result from systemic pressures and expectations.

If so, what might these be? There may be an element of systemic deficit, meaning that these problems, if that is what they are, arise not because of an individual or isolated problem but emerge due to inherent flaws within the wider system or organization. This would include the manner in which different elements, such as a lack of training, combined with an organizational preoccupation with risk and an individual fear of being blamed if something goes wrong, might interact with one another. Such deficits cannot be resolved without changing the culture or the organization of the whole system (Keating et al, 2001). In the workshops, we asked the managers whether they had received training on supervision. Only one manager had. How then do they know how to provide supervision? Primarily, they said, because they were modelling the same supervision they themselves had received. This might indicate that approaches to and types of supervision are handed down from manager to manager and from manager to social worker and that the organization's informal approach to supervision, 'the way things are done around here' (Deal and Kennedy, 1982), is more important than the formal supervision policy. This suggests that the same managers, working in different organizations, especially non-statutory agencies, where the focus on risk (Parton, 2014) and on defensive practice (Whittaker and Havard, 2015) may be less heightened, could provide a very different kind of supervision.

We found some evidence in support of this when, during the same workshops, we

played a recording of a supervision session from another authority, prompting a very skillful and informed discussion, including how helpful (or not) it was for the social worker and what feedback they might give to the manager in question. This exercise not only demonstrated the expertise of the managers but was also the first time any of them had heard another manager providing supervision to someone else. Combined with a lack of training, this suggests that each manager has only limited opportunities to learn how best to provide supervision and left them significantly reliant on their own experiences of having received supervision in the past. In relation to whether the managers would be able to coach social workers regarding their communication skills, these findings are both positive and negative. Within the current format of supervision, coaching plays little or no part and it is difficult to see how it could, if the focus continues to be on the provision of a 'verbal deluge' of information by the social worker and the provision of solutions to problems identified by the manager. Alternatively, within the different context of the workshops, the managers demonstrated their ability to think about the skills of another manager and how they might provide developmental feedback.

The managers also felt that within the authority and within Children's Services more generally, the focus in recent years has been on the training and development of social workers, with much less emphasis on the training and development of first-line managers. Another "deficit" element is the pressures on the managers. They were able to identify many such challenges, including finding rooms to do supervision, caseloads, staff turnover but overwhelmingly time was considered the limiting resource.

Yet a "deficit" model is also insufficient to explain these findings. The local authority being studied is doing relatively well, with a stable and experienced staff group and good supervisor:worker ratios. Supervision is regular and the local authority's staff survey suggested workers found it helpful and evaluated it positively. This suggests the model of supervision serves some crucial agency functions. One of these was "managerial oversight". Managers are under pressure to know 'their cases', internally as well as from external organizations such as OFSTED. In Forrester et al's (2013) study of three local authorities in England, they describe how in one of them, supervision was seen as important because "*supervision tells the inspectors that managers know their cases*" (p. 116) and we found evidence of something similar in these recordings. There was certainly a heavy emphasis on written records of what is happening and actions that flow from it. A desire to demonstrate



accountability seemed to be at the heart of this.

However, other explanations also seem plausible. One is that it offers a way of dealing with the huge complexity of the presenting issues. Converting the complex, emotionally charged and potentially over-whelming family situations being discussed into concrete actions was an activity that appeared to be valued by workers as well as by the organization as a whole.

These findings raise questions about the role of first-line managers and a growing sense of de-professionalization. If the manager's role is to provide solutions having made sense of complex and often conflicting information, you might expect to see the kind of supervision we described. If the manager's role is to provide surveillance of social workers, again you might expect to see this kind of supervision. You would not expect to see this type of supervision if the manager's role is to provide practice leadership, help social workers develop their skills, knowledge and expertise and shape outcomes for families.

Our final suggestion for these findings is to consider them in relation to the questions 'what, when, how and why'. In the case discussions we heard, the focus is overwhelmingly on the first two questions, what and when, those Ruch (2012) described as 'technically reflective'. Discussions of how things might be done and why, those Ruch described as 'holistically reflective', were largely absent. For example, in one of the extracts above, the manager and social worker discuss concerns related to a mother's mental health and agree that the worker should have a discussion with the mother (they agree *what* to do). However, there is no discussion of *how* the worker might have this discussion or *why* she needs to. It is possible that the worker already understands why and the manager may have confidence in the worker's abilities. It is also possible that the worker and manager are operating within a system that highly values what and when – perhaps as guarantors that actions are being completed - and places a lower value on how and why. The problems that might emerge from a system operating without due consideration for how and why include: making it more difficult for workers to understand and explain why they are completing certain tasks; a lack of managerial oversight of *how* workers are behaving with families; a lessening of the manager's ability to coach and develop workers and perhaps even a sense that social workers are primarily going 'through the motions' of practice rather than thinking about how and why they work with families.

## Conclusion

Understanding what happens and why in child and family social work supervision is only important in so far as it helps us ensure the best possible supervision for workers. Optimistically, amongst this group of managers, we found a commitment to change and an excitement about the potential of doing so. Nevertheless, the managers provide the kind of supervision we have described for a reason. Deficit models – related to individuals or to the wider system – will not, on their own, bring about change. Rather, we need organizational contexts that include, alongside a vision for practice, a vision for supervision. Simply requiring managers to have ‘oversight’ of practice is evidently insufficient. Either we need to allow managers to better meet the current demands placed upon them or we need to change the nature of those demands. Recent changes in policy, such as the ‘Knowledge and Skills Statement’ of the Chief Social Worker (Department for Education, 2015), may go some way to developing the professional role of first-line managers.

Supervision is a crucial component in the provision of good social work and must fulfill a multitude of complex functions, not only those we have described and discussed here. Finding a model of social work supervision that avoids a dialectic between either being a therapeutic, introspective activity or as a tool for surveillance would seem critical (Manthorpe et al, 2015, p. 3, Beddoe et al, 2015, p. 1). To create good social work practice, we need to ensure that social workers are provided with the right supervision and to ensure this, we have to provide support for managers and create the right systemic conditions. However, at present, we have little empirical evidence regarding the relationship between supervision and practice. This limits the potential to provide the right kind of support to social workers via supervision and to managers in turn. To improve this situation, we need to implement a research agenda for supervision (Beddoe et al, 2015), to understand more about what currently happens, how good supervision shapes good practice and, ultimately, how good supervision and practice help deliver better outcomes for children and families.

## References

Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, T., MacInnes, T. and Nagendran, T. (2010) *Social workers’ workload survey: messages from the frontline: findings from the 2009 survey and interviews with senior managers*. London, Department for Education.

Bashirinia, S. (2013) Social work supervision: process or procedure? *The Guardian*. Available at: <http://www.theguardian.com/social-care-network/2013/nov/01/social-work-supervision-process-procedure>.

Bates, N., Immins, T., Parker, J., Keen, S., Rutter, L., Brown, K. and Zsigo, S. (2010) 'Baptism of Fire': The first year in the life of a Newly Qualified Social Worker. *Social Work Education*, 29 (2), pp. 152 – 170.

Beddoe, L. (2010) Surveillance or Reflection: Professional Supervision in 'the Risk Society'. *British Journal of Social Work*, 40 (4), pp. 1279 – 1296.

Beddoe, L., Karvinen-Niinikoski, S., Ruch, G. and Tsui, M. (2015) Towards an International Consensus on a Research Agenda for Social Work Supervision: Report on the First Survey of a Delphi Study. *British Journal of Social Work*, doi: 10.1093/bjsw/bcv110.

Berry-Lound, D. and Rowe, V. (2013) *Evaluation of the Implementation of the Assessed and Supported Year in Employment (the ASYE) for Skills for Care*. Available at: <http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Concept-to-reality-/ASYE-Final-Report.pdf>

Bogo, M. and McKnight, K. (2006) Clinical supervision in social work: a review of the research literature. *The Clinical Supervisor*, 24(1), pp. 49 – 67.

Bruce, E. and Austin, M. (2001) Social Work Supervision. *The Clinical Supervisor*, 19 (2), pp. 85 – 107.

Bunn, A. (2013) Signs of Safety in England. An NSPCC commissioned report on the Signs of Safety model in child protection. Available at: <https://www.nspcc.org.uk/globalassets/documents/research-reports/signs-safety-england.pdf>. Accessed: April 2016.

Carpenter, J., Webb, C. and Bostock, L. (2013) The surprisingly weak evidence base for

supervision: findings from a systematic review of research in child welfare practice. *Children and Youth Services Review*, 35 (11), pp. 1843 – 1853.

Deal, T. and Kennedy, A. (1982) *Corporate Cultures: The Rites and Rituals of Corporate Life*. Harmondsworth, Penguin Books.

Department for Education (2014) *Children's Social Care Innovation Programme*. Available at: <https://www.gov.uk/government/consultations/social-work-knowledge-and-skills-for-supervisors-and-leaders> Accessed: March 2016.

Department for Education (2015) *Social work knowledge and skills for supervisors and leaders*. Available at: <https://www.gov.uk/government/publications/childrens-services-innovation-programme>. Accessed: March 2016.

Ferguson, H. (2010) Walks, Homes Visits and Atmospheres: Risk and the Everyday Practices and Mobilities of Social Work and Child Protection. *British Journal of Social Work*, 40 (4), pp. 1100 – 1117.

Forrester, D., Kershaw, S., Moss, H. and Hughes, L. (2008) Communication skills in child protection: how do social workers talk to parents? *Child and Family Social Work*, 13 (1), pp. 41 – 51.

Forrester, D., Westlake, D., McCann, M., Thurnham, A., Shefer, G., Glynn, G. and Killian, M. (2013) Final report of a comparative study of practice and the factors shaping it in three local authorities. Available at: [http://www.beds.ac.uk/data/assets/pdf\\_file/0011/258491/finalreport-RSWv3-19072013.pdf](http://www.beds.ac.uk/data/assets/pdf_file/0011/258491/finalreport-RSWv3-19072013.pdf).

Goulder, S. (2013) How supervision can help care workers improve their practice. *Community Care*. Available at: <http://www.communitycare.co.uk/2013/02/18/how-supervision-can-help-care-workers-improve-their-practice/>.

Jack, G. and Donnellan, H. (2010) Recognising the person within the developing professional: tracking the early careers of Newly Qualified Child Care Social Workers in three Local Authorities in England. *Social Work Education*, 29 (3), pp. 305 – 318.

Johns, C. (2001) Depending on the intent and emphasis of the supervisor, clinical supervision can be a different experience. *Journal of Nursing Management*, 9 (3), pp. 139 – 145.

Jones, M. (2003) Supervision, learning and transformative practices in: N. Gould and M. Baldwin (eds.) *Social work, critical reflection and the learning organization*. Aldershot, Ashgate.

Kadushin, A. and Harkness, D. (2002) *Supervision in Social Work*. New York, Colombia University Press.

Keating, C., Kauffmann, P. and Dryer, D. (2001) A framework for systemic analysis of complex issues. *Journal of Management Development*, 20 (9), pp. 772 – 784.

Lloyd, C., King, R. and Chenoweth, L. (2002) *Journal of Mental Health*, 11 (3), pp. 255 – 265.

Manthorpe, J., Moriarty, J., Hussein, S., Stevens, M. and Sharpe, E. (2015) Content and Purpose of Supervision in Social Work Practice in England: Views of Newly Qualified Social Workers, Managers and Directors. *British Journal of Social Work*, 45 (1), pp. 52 – 68.

Morrison, T. (2005) *Staff supervision in social care*. Brighton, Pavilion.

Morrison, T. and Wonnacott, J. (2010) Supervision: Now or Never, Reclaiming Reflective Supervision in Social Work. Available at: <http://www.in-trac.co.uk/supervision-now-or-never/>

Munro, E. (2010) *Munro review of child protection: interim report – the child's journey*. London, Department for Education.

Noble, C. and Irwin, J. (2009) Social Work Supervision: An Exploration of the Current Challenges in a Rapidly Changing Social, Economic and Political Environment. *Journal of Social Work*, 9 (3), pp. 345 – 358.

O'Donoghue, K. and Tsui, M. (2012) Towards a professional supervision culture: The development of social work supervision in Aotearoa New Zealand. *International Social Work*, 55 (1), pp. 5 – 28.

Parton, N. (2014) Social Work, Child Protection and Politics: Some Critical and Constructive Reflections. *British Journal of Social Work*, 44(7), pp. 2042 – 2056.

Ruch, G. (2007) Reflective Practice in Contemporary Child-care Social Work: The Role of Containment. *British Journal of Social Work*, 37(4), pp. 659 – 680.

Ruch, G. (2012) Where Have All the Feelings Gone? Developing Reflective and Relationship-Based Management in Child-Care Social Work. *British Journal of Social Work*, 42(X), pp. 1315 – 1332.

Warner, J. (2015) *The Emotional Politics of Social Work and Child Protection*. Bristol, Policy Press.

Weiss, C. (1998) *Evaluation: methods for studying programs and policies*. New York, Prentice Hall.

White, H. (2009) Theory-Based Impact Evaluation: Principles and Practice International Initiative for Impact Evaluation, Working Paper 3. Available at:  
[http://www.3ieimpact.org/media/filer/2012/05/07/Working\\_Paper\\_3.pdf](http://www.3ieimpact.org/media/filer/2012/05/07/Working_Paper_3.pdf).

Whittaker, A. and Havard, T. (2015) Defensive Practice as 'Fear-Based' Practice: Social Work's Open Secret? *British Journal of Social Work*, doi: 10.1093/bjsw/bcv048.